

# DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: \_\_\_\_\_  
Please Print

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

BANK NAME: \_\_\_\_\_  
Please Print

Checking / Savings:	_____	_____	_____	Dep Net
	Transit Number (9 digits)	Account Number	_____	Dep \$ _____

Checking / Savings:	_____	_____	_____	Dep Net
	Transit Number (9 digits)	Account Number	_____	Dep \$ _____

\*\*\* INCLUDE APPROPRIATE VOIDED CHECK (S) \*\*\*

OR

\*\*\* INCLUDE STATEMENT FROM BANK FOR SAVINGS ACCOUNT \*\*\*

I authorize the Town of Hamilton and the financial institution above to deposit my pay or make any necessary adjustments automatically to my checking and/or savings account:

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_